

2460

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>180</u> <u>655</u>	
City of <u>Hayden</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>103</u>	
Ward of <u>Hayden</u>		Local Registrar's No. <u>1</u>	
St. of <u>Hayden</u>		St. <u>Hayden</u>	Ward <u>1</u>
Full Name of Child <u>Gildy M. Ruiz</u>		Born <u>YES</u>	Alive <u>NO</u>
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of child <u>male</u>	Twin, Triplet or other <u>1</u>	and } Number in order of birth <u>1</u>	Legitimate? <u>yes</u>
Date of Birth <u>Feb 23</u> 191 <u>8</u>		(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Bentura Ruiz</u>		Full Name <u>Murades Martinez</u>	
Residence <u>Hayden Ariz</u>		Residence <u>Hayden Ariz</u>	
Age at last Birthday <u>27</u> (Years)		Age at last Birthday <u>26</u> (Years)	
Race <u>Mex</u>		Race <u>Union</u>	
Birthplace <u>Arizona</u>		Birthplace <u>Arizona</u>	
Occupation <u>Laborer</u>		Occupation <u>House wife</u>	
Number of children of this mother <u>1</u>		Number of children of this mother, now living <u>0</u>	
Were precautions taken against Ophthalmia neonatorum? <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Feb 23</u> 191 <u>8</u> , at <u>7:30</u> A.M.			
When there is no attending physician or midwife, then the householder could make this return.		(Signature) <u>Doc E. Brown</u>	
Even or Christian name added from a		(Attending physician, midwife, householder)	
Supplemental report <u>1918</u>		Address <u>Winkelman</u>	
Filed <u>Feb 28</u> 191 <u>8</u>		LOCAL REGISTRAR.	
199-223-542		A True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	